

# Care UK – Bucks

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Care UK-Bucks Out of Hours Service on 12 December 2016. The overall rating for the service practice was good. However a breach of regulation was found resulting in a rating of requires improvement for provision of well-led services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Care UK-Bucks Out of Hours Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 26 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 12 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service remains rated as good and the rating for provision of well-led services has been amended to good.

Our key findings were as follows:

- The provider had instituted regular calibration of blood glucose monitors to ensure these items of medical equipment were fit for use.
- Prescribing of high risk medicines followed the providers prescribing policy and there were checks in place to ensure this happened.
- Compliance with national quality requirements was improving.
- There was a system in place to monitor that relevant recruitment checks were completed.
- Blank prescriptions were held safely and there was a system to track them through to issuing.
- Completion of mandatory training was monitored and action taken to ensure staff completed training relevant to their roles.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services well-led?**

The service had taken appropriate action and is now rated as good for the provision of well led services.

- The provider had improved systems to ensure safe keeping of blank prescriptions and prescribing in accordance with formulary (an official list giving details medicines which can be prescribed).
- Systems were in place to follow up recommendations from risk assessments.
- Mandatory training was kept under review and there was a system in place to ensure all staff received training relevant to their roles and responsibilities.

**Good**



# Care UK – Bucks

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focused follow up inspection was undertaken by a Lead CQC Inspector and a GP advisor.

## Background to Care UK – Bucks

Care UK is the UK's largest independent provider of health and social care. Care UK-Bucks provides out-of-hours (OOH) primary medical services across Buckinghamshire when GP practices are closed. The OOH service covers a population of approximately 550,000 people across the county of Buckinghamshire and in the last 12 months offered 66,424 patient contacts. The area covered incorporates two Clinical Commissioning Group areas, Aylesbury Vale and Chiltern.

Most patients access the OOH service via the NHS 111 telephone service. Patients may be seen by a clinician or receive a telephone consultation or a home visit, depending on their needs. Occasionally patients access services as a walk-in patient or via 'direct booking pilot' project (Three local practices are able to fax patient details directly to Care UK-Bucks between 6pm and 6.30pm if they are not able to offer the appointment).

We visited the Care UK-Bucks call centre and headquarters in Aylesbury during this inspection. It was not necessary to visit any of the five primary care centres as the evidence required to reach a judgement was held at the headquarters.

The full address for call centre and headquarters is:

- Care UK-Bucks, Unit 3, Midshires Business Park, Smeaton Close, Aylesbury, Buckinghamshire, HP19 8HL.

Out-of-hours (OOH) services are provided from five primary care centres across the county on every day of the year.

They are:

- Stoke Mandeville OOH: Stoke Mandeville Hospital is open from 6.30pm to 8am (overnight) Monday to Saturday and from 8am on a Saturday through to 8am Monday morning. This centre also opens on bank holidays from 8am to 8am the next day. We visited this site during the inspection.
- Amersham OOHs: Amersham Health Centre is open from 9am to 9pm on a Saturday and from 9am to 7pm on Sunday. This centre also open on bank holidays. We did not inspect this site.
- Buckingham OOH: Buckingham Community Hospital is open from 2pm to 4pm on a Saturday and Sunday. This centre also open on bank holidays. We did not inspect this site.
- Wycombe OOH: Wycombe General Hospital is open from 6.30pm to 8am (overnight) Monday to Saturday and from 8am on a Saturday through to 8am Monday morning. This centre also open on bank holidays from 8am to 8am the next day. An inspection visit at Wycombe OOH is reported in a separate inspection report along with 'Minor Injuries Illness Unit' inspection visit. This is due to way the provider is registered with the Care Quality Commission. This out-of-hours (OOH) service is co-located with a 'Minor Injuries Illness Unit' that is also managed by the Care UK-Bucks. We visited this site during the inspection.
- Poplar Grove Practice in Aylesbury: Once a month from 1pm to 6pm when local GPs are closed during the training session to meet the increasing demand. We did not inspect this site.

# Detailed findings

OOH Primary Care Centres are situated in rented spaces from the Buckinghamshire Health Care NHS Trust (apart from the Poplar Grove Practice) and the facilities are managed by the respective organisation.

## Why we carried out this inspection

We undertook a comprehensive inspection of Care UK – Bucks Out of Hours Service on 12 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. However it was rated requires improvement for provision of well-led services because a regulation had been breached. The full comprehensive report following the inspection in December 2016 can be found by selecting the ‘all reports’ link for Care UK – Bucks Out of Hours Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Care UK – Bucks Out of Hours Service on 26 September 2017. This

inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with the Clinical Director, the Registered Manager and three members of the administration team.
- The GP advisor reviewed a sample of the personal care or treatment records of patients to corroborate evidence we found.
- Visited the main call centre for the service which was also the administrative headquarters.
- Looked at information the provider used to deliver care and manage the service.

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 12 December 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements were operated inconsistently. Specifically the provider had failed to identify:

- Systems in place had not identified shortfalls in mandatory training of some staff.
- Prescribing by some clinicians was not always following the providers prescribing protocols.
- Prescriptions were not always kept safely.
- Actions identified from the fire risk assessment at the headquarters had not been carried out.
- Monitoring of the checks carried out on medical equipment had failed to identify blood glucose monitors were not being calibrated in accordance with manufacturers' instructions.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 26 September 2017. The service is now rated as good for being well-led.

### Governance arrangements

The provider had updated or changed governance systems and processes to ensure greater consistency. We found that systems in place ensured that:

- Blank prescriptions were stored and distributed via a safe system.
- A system was in place to ensure prescribers followed the providers formulary and appropriately recorded prescribing and issue of high risk medicines. The system was regularly audited by an external pharmacy and a sample of records reviewed showed that prescriptions had been issued for all such medicines prescribed.
- Training records were held for all staff including self-employed GPs. The provider had a system in place to monitor that staff completed mandatory training and issued reminders when training was due. We were shown evidence of staff being reminded that training

was required and that staff undertook mandatory training. For example, basic life support training was organised annually for clinical staff who were directly employed.

- The provider had completed actions required arising from fire risk assessments. We noted that records were kept of fire drills and fire equipment testing and servicing. There was a system in place to check that landlords kept risk assessments under review and updated at the primary care centres.
- There were records of medical equipment being calibrated and serviced. These included monthly re-calibration of the blood glucose meters used in out of hours vehicles and at primary care centres.
- The provider maintained close scrutiny of their performance. We noted that regular meetings were held with the NHS 111 call handling service to ensure patients were assessed and booked to the primary care centres appropriately. When a change in system at NHS 111 resulted in delays in booking patients needing to be seen within two hours the provider worked with the service to gain improvements. We noted that there had been an improvement in the last two months in the provider's performance against the national target of treating patients classified as urgent within two hours. In August 2017 the 95% target was missed by only 0.01%. This was an improvement compared to when we inspected in December 2016 when the provider was falling 3% short of this target.

In addition to addressing the issues of concern found at the last inspection the provider had updated their quality assurance processes. Their monthly quality assurance meetings covered a wide range of topics that focused on delivery of safe, effective, caring and responsive services to patients. We noted that the agenda for these meetings had been enhanced and expanded to ensure risks were discussed and managed as effectively as possible.

These actions and improvements were now ensuring that requirements relating to provision of well-led services were being met